DoD Space Planning Criteria for Health Facilities
Emergency and Ambulance Services

3.5.1. PURPOSE AND SCOPE:

This document sets forth space planning criteria for Emergency & Ambulance Services in military health care facilities. This criteria includes four major elements: (1) extensive definitions which clarify the level of complexity of urgent/emergent care provided, in accordance with DoD and generally accepted standards of practice, and which clarify intended function of critical treatment and support spaces; (2) policies which address overriding planning considerations; (3) a listing of data required to accurately program space requirements; and, (4) specific space planning criteria/formulas for determining spaces required to support Emergency and Ambulance Services.

3.5.2. DEFINITIONS:

Emergency Services Levels of Care:

Level I Care - *"A Level I emergency medical department or service offers comprehensive emergency care 24 hours a day, with at least one physician experienced in emergency care on duty in the emergency care area. There must be in-hospital physician coverage by members of the medical staff or by senior-level residents for at least medical, surgical, orthopedic, obstetric, gynecological, pediatric, and anesthesiology services. When such coverage can be demonstrated to be met suitably through another mechanism, an equivalency will be considered to exist for purposes of compliance with the requirement. Other specialty consultation must be available within approximately 30 minutes. Initial consultation through two-way voice communication is acceptable (from DoD 6015.1-M)." This definition is consistent with the definition of Level I care in the Accreditation Manual for Hospitals (AMH), Joint Commission on Accreditation of Healthcare Organizations, 1994; and corresponds to the American Institute of Architects (AIA) definition for full-scale definitive emergency management in Guidelines For Construction and Equipment of Hospital and Medical Facilities, 1992-1993.*

Level II Care - *"A Level II emergency department or service offers emergency care 24 hours a day, with at least one physician experienced in emergency care on duty in the emergency care area. There must be specialty consultation available within approximately 30 minutes by members of the medical staff or by senior-level residents. Initial consultation through two-way voice communication is acceptable. The hospital's scope of services must include in-house capabilities for managing physical and related emotional problems, with provision for patient transfer to another facility when needed (DoD 6015.1-M)." This definition is consistent with the AMH and corresponds to the AIA definition for definitive emergency management.*

Level III Care - *"A Level III emergency department or service offers emergency care 24 hours a day, with at least one physician available to the emergency care area from within the hospital, who is available immediately through two-way voice communication and in person within approximately 30 minutes through a medical staff call roster. Specialty consultation must be available by request of the attending medical staff member or by transfer to a designated hospital where definitive care can be provided (DoD 6015.1-M)." This definition is consistent with the AMH and corresponds to the AIA definition for initial emergency management, but provides for a higher level of 24-hour operation care than Level IV emergency services.*

Level IV Care - *A Level IV emergency department or service offers reasonable care in determining whether an emergency exists, renders lifesaving first aid, and makes appropriate referral to the nearest organizations that are capable of providing needed services, with at least one physician available immediately through two-way voice communication and in person within 30 minutes through a medical staff call roster. A Level IV emergency service may not necessarily operate 24 hours a day, and may not have a dedicated ambulance service supporting it. A Level IV facility may also operate as a walk-in acute care clinic. This definition is consistent with generally accepted standards of practice in DoD*

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MTFs (DoD 6015.1-M does not include a definition of Level IV care) and the AMH, and corresponds to the AIA definition for initial emergency management.

Ambulance Dispatch - Space is intended to house all emergency radio communications equipment and grid maps of base/post and area supported by the regional emergency response network.

Ambulance Garage - Enclosed garage space is provided to protect operational ambulances (not WRM/DEPMEDS assets) from the effects of severe weather. A flammable/hazardous storage room is typically built into the garage to store supplies of oil, refrigerant, other liquids and cleaning products used for normal daily maintenance of ambulances.

Ambulance Reception/Team Center - Central control point for patients brought in by ambulance, and supervision point/work center for all treatment activities. Center includes work/charting space for provider, nursing and transport personnel.

Ambulance Service - An ambulance service to respond to emergency calls on a military installation, to associated military family housing areas, and to designated other locations is usually established in conjunction with emergency services departments. Generally, a 24-hour ambulance service is established to support Levels I, II, and III care, while Level IV care facilities may have either 24-hour, limited hours, or no ambulance service. Typically, the ambulance service is also used to transport patients to referral facilities for more definitive care and for selected treatments or diagnostic procedures. The ambulance service may also have specific responsibilities associated with regional emergency response plans. Ambulance services are staffed by specially trained emergency care medical technicians/corpsmen who may also be required to assist with provision of emergency care in the MTF when not actively participating in an ambulance emergency response/transport.

Ambulance Shelter - Open, carport -style, shelters are provided to protect operational ambulances (not WRM assets) from adverse effects of weather such as rain, hot sun, etc., in locations where weather conditions are relatively mild and do not require totally enclosed protection. A flammable/hazardous materials shed is typically attached to the shelter to store supplies of oil, refrigerant, other liquids and cleaning products used for normal daily maintenance of ambulances.

Emergency Care Room - Emergency Care Rooms are required for Level III and IV Emergency Services. They are similar to Trauma/Cardiac Rooms, but are **not** intended to be used for emergency surgical resuscitation and are not designed like ORs. They are large treatment spaces equipped to allow a lesser degree of emergency resuscitation, patient monitoring and stabilization. They may be sized to accommodate more than one patient if privacy curtains are included. Sizing for more than one patient does not duplicate space for storage cabinets, sinks, etc.

Emergency Care Reference Library - Accommodates storage of a limited number of essential emergency care reference books and data sources (e.g., on-line poison control and emergency management/drug interaction hotlines/help lines, CD ROM references, etc.). Library may be consolidated with Ambulance Reception/Team Center or Staff Lounge**,** providing security of reference resources is assured. Telemedicine capability may be incorporated into the reference library area.

ENT Exam Room - Exam room dedicated to ENT exams is provided in Level I and II facilities and in other facilities where projected volume of ENT emergencies is sufficient to warrant dedicated exam space.

Exam Room – A typical outpatient clinic patient exam room, used for patient assessment, minor treatment. Room may be used for additional patient holding space. May also trade-off exam room spaces, on a 1-for-1 basis, for treatment/observation/holding cubicles if it is determined that more open cubicle treatment spaces are needed.

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Family Consultation/Interview Room - Intended to provide a quiet, sound-controlled area for consultation with family members of critically ill/injured patients, bereavement, and sensitive interviews by Security/Military Police or other personnel authorized to conduct inquiries into possible incidents of assault, rape, child or spouse abuse. Room may also double as a Secured Holding Area.

FTE: Full-time equivalent.

Isolation Suite - Provided for seclusion of patients with infectious diseases or compromised immune systems. The suite includes an exam room, a dedicated toilet, and anteroom.

Medi-prep Room – An enclosed space with door to accommodate preparation of medications for patients, including a limited amount of controlled drugs, as ordered by authorized providers.

OB/GYN Exam Room - Exam room primarily dedicated to OB/GYN exams; equipped with a table that accommodates pelvic exams, colposcope and ultrasound. Room sized to allow access to patient for treatment on 3 sides. Provided in Level I and II facilities and in other facilities where projected volume of OB/GYN emergency visits is sufficient to warrant dedicated exam space.

On-Call Sleeping Suite - Bedroom, with dedicated toilet/shower. Space is provided as a quiet resting space only if On-Call personnel must remain in-house for a 24-hour period, or are normally required to work more than a 15-hour shift.

Orthopedic Treatment Area - Space is provided for dedicated treatment/casting of orthopedic injuries in Level I and II facilities, and in other facilities where volume of projected orthopedic injuries is sufficient to warrant dedicated treatment space.

Pediatrics Exam Room - Exam room primarily dedicated to examination of infants and children under the age of 15. Provided in Level I and II facilities and in other facilities where projected volume of Pediatric emergency visits is sufficient to warrant dedicated exam space.

Patient Decontamination Room - Used to decontaminate, prior to treatment, a patient who has been exposed to chemical or biological hazardous substances as a result of an industrial/other accident. It is sized to allow entrance of a gurney-borne patient and attendants to the room from the exterior of the building; decontamination of the patient in the room; and exit of patient & attendants through another door into the emergency care area. The room is not intended to support mass patient decontamination as a result of acts of war or terrorism. A self-contained, independent, closed system for drainage/disposal of contaminants will be designed into this space. A negative air flow and ventilation system separate and distinct from the hospital system will be designed into the room. (See AIA Guidelines)

Preceptor/ Consult Room - A location is required for residents in training to be able to discuss cases in private with supervising faculty physicians (preceptors.). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the faculty physician's own office and not from a dedicated central preceptor room. Note that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is NOT acceptable

Secured Holding Room - Provided in Level I and II facilities for special patient security, patient and staff safety, and soundproofing needs. Also serves as psychiatric exam room.

Security/Communications Center - Space is provided to house emergency/security and fire alarm control panels. May be combined with ambulance dispatch if full-time security personnel are not assigned to the Emergency Department and no other appropriate department is staffed 24-hours a day.

Security Control Area - Space provides a secure entry/control point into Emergency Departments in locations where it has been demonstrated that there is a high probability of outbursts of violence directed at patients or staff, and where dedicated Emergency Department Security Personnel are authorized.

Trauma/Cardiac Room - Trauma/Cardiac Rooms are required for Level I and II Emergency Services. They are intended to be used for complex emergency trauma/cardiac arrest treatment, and are designed much like an operating room in the event that emergency surgical resuscitation is required. Trauma/Cardiac Rooms may be sized and designed to accommodate more than one patient if patient privacy curtains are included. Sizing for more than one patient does not duplicate space for storage cabinets, sinks, etc.

Treatment Room - This room is provided to accommodate "minor" procedures, such as suturing/removal. Alternatively, this space may be designed and used for casting.

Treatment/Observation/Holding Cubicles - Curtained cubicles to support general assessment, evaluation, and treatment, such as suturing/removal, IV Therapy, other procedures. Also used for patient observation until stabilization following treatment and for patient holding awaiting transfer. Cubicle may be sized to accommodate more than one patient if patient privacy curtains are included. Sizing for more than one patient does not duplicate storage cabinets, sinks, etc.

Triage/Screening Area - Accommodates initial assessment and triage of patient condition. Initial patient history and vital signs are taken in this space.

Walk-in Patient Reception/Control – Area is the central reception/control point for walk-in patients and for patient/family waiting. Space provides locale for initial patient sign-in activities and technician/corpsman charting.

3.5.3. POLICIES:

Level of Emergency Care Designation - Determining the level of emergency care to be provided at a particular location, and hours of operation of an emergency service, is the responsibility of the executive committee of the medical staff of the military medical treatment facility in consultation with appropriate higher levels of command.

Operation of Ambulance Service - Determination of scope of ambulance service and hours of operation is the responsibility of the MTF executive staff (or governing body) and EMS director in consultation with higher levels of command and regional emergency management authorities, as appropriate.

Patient Observation/Holding - Establishing policies pertaining to the maximum length of time a patient may be kept in an emergency department/service observation/holding bed before being admitted as an inpatient, referred for definitive care or discharged (IAW JCAHO AMH standards) is the responsibility of the MTF executive committee of the medical staff in consultation with appropriate higher levels of command.

Special Exam/Treatment Spaces - Every attempt should be made to consolidate treatment and support functions as much as possible within the constraints of standard of practice for level of care provided.

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Special exam/treatment spaces (e.g., OB/GYN , pediatrics, ENT exams; orthopedics treatment area; isolation suite; etc.) will be only be programmed if projected workload is sufficient to justify the dedicated, special space.

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3.5.4. PROGRAM DATA REQUIRED:

Planned level of emergency care designation (Level I, II, III, or IV) and hours of operation.
Ambulance/Transportation Service - Yes or No - If yes, hours of operation.
Projected annual emergency visits.
Projected number of providers for peak operating hours.
Department Chairman/Chief/Head - Yes or No.
Nurse Manager/Division Officer - Yes or No.
NCOIC/LCPO/LPO - Yes or No.
Secretary - Yes or No
Projected total number of nurses assigned to department.
Projected total number of technicians/corpsmen assigned, including those assigned to Ambulance Service.
Projected number of administrative support personnel, requiring dedicated cubicles assigned to department.
Projected number of staff on duty at a peak shift (for staff lounge sizing)
Projected number of staff requiring lockers during a peak shift
Does the infection control risk analysis recommend a negative pressure exam room? (yes or no)
Does the infection control risk analysis recommend a positive pressure exam room? (yes or no)
Number of required on-call rooms.
Is the Security/Alarm center located in the ER?
Projected number & types radio systems and "crash" phones
Emergency call tape recording system - Yes or No.
Projected number & types of security/control panels.
Dedicated security force to support emergency department - Yes or No; If yes, projected number of security personnel on duty in the emergency department per shift.
Projected number of mobile x-ray units dedicated to and maintained in emergency service.
Projected number of mobile resuscitation carts dedicated to and maintained in emergency service.
Projected number of *operational* ambulances (not including WRM/DEPMEDS assets) assigned.

NOTE: GP indicates that a guideplate exists for that particular Room Code.

3.5.5. SPACE CRITERIA:

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENTS
		m^2	nsf	
RECEPTION AREAS (Functions common to ALL levels of emergency care unless otherwise noted)				
Waiting Area (GP for PLAY1)	WRC01 PLAY1		60	Minimum. 16 nsf per space; 25 nsf per handicapped space. Program 5 spaces per exam/treatment space. 5% of total number of spaces to be dedicated to handicapped spaces. May be subdivided to segregate post-triage patients and pediatric play area.
Reception (GP)	RECP1	13.01	140	Minimum
Public Toilets				Space provided for in the Common Areas Section 6.1
Exam/Screening (Triage)(GP)	EXRG5	11.15	120	Two per every increment of 20,000 projected annual emergency visits. Minimum 2 spaces; maximum 6

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FUNCTION	Room Code	AUTHORIZED m^2	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
PATIENT AREAS: (Functions common to ALL levels of emergency care unless otherwise noted)				
Exam Rooms (GP)	EXRG1	11.15	120	Army - Two per every increment of 10,000 projected visits. Decrease number of regular exam rooms 1-for-1 for every special exam space (e.g., OB/GYN, ENT, Pediatric, Orthopedics, isolation) or additional treatment cubicle spaces programmed (see Definitions).
	EXRG2			Navy
	EXRG3			Air Force
Patient toilet (GP)	TLTU1	5.57	60	May also be used as specimen toilet. One toilet per four providers.
Treatment/Observation/Holding Cubicles (GP)	TCGS1	11.15	120	Per cubicle, Program one additional cubicle per increment of 10,000 projected annual visits.
Staff Hand washing sink	SINK1	3.72	40	Includes linen hamper and cart equipment
Isolation Exam (GP)	EXRG6	13.01	140	Negative pressure. Minimum one, Infection control risk analysis required to determine total requirement
	EXRG7			Positive pressure. Infection control risk analysis required to determine total requirement
Isolation Toilet (GP)	TLTU1	5.57	60	One per isolation room
Treatment Room (GP)	TRGM1	16.26	175	One per department up to 50,000 projected annual visits. Add 1 treatment room if > 50,000 projected annual visits.
Family Consultation/Interview Room	OFDC2	11.15	120	One per department.
STAFF AND ADMINISTRATION AREAS: (Functions common to ALL levels of emergency care unless otherwise noted)				
Director/Dept Chair/Dept Chief, Emergency Services	OFA01	11.15	120	Single office, Standard Furniture.
	OFA02	11.15	120	Single office, System Furniture.
Nurse Manager/Division Officer	OFA01	11.15	120	Per projected FTE.
	OFA02			
NCOIC/LCPO/LPO Office	OFA01	11.15	120	Per projected FTE.
	OFA02			
Nurses' Workroom	WRCH1	11.15	120	Minimum. Add 40nsf for each projected FTE nurse above four.
Secretary/Wait	SEC01	11.15	120	Per projected FTE.
Provider Office	OFA01	9.29	100	If only one provider.

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FUNCTION	Room Code	AUTHORIZED m^2	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
	OFA03	5.57	60	System Furniture Cubicle. One for each provider projected during the peak shift.
Administrative Cubicle	OFA03	5.57	60	Per projected FTE. See Section 2.1. Provide 60 nsf for each full time person who requires office space.
Conference/Classroom (GP)	CRA01	23.23	250	Minimum, If residency-training program assigned or if Level I care facility add 10 nsf per conferee/student > 10. Consider consolidating with staff lounge if no EM residency program at MTF. See Section 2.1.
On-Call Bedroom (GP)	DUTY1	11.15	120	If in clinic concept of operations.
On-Call Toilet/Shower	TLTS1	6.50	70	If in clinic concept of operations.
Emergency Reference Library	LIBB1	3.72	40	One per department.
Reproduction Room	RPR01	9.29	100	For Copier/Fax/Mailbox Distribution
Medi-prep Room	MEDP1	9.29	100	One per department.
Security/Central Alarm Center	COM03	4.65	50	Locate either in ER or in Facility Management, 50 nsf Clinic, 200 nsf Hospital, 300 nsf Med Center. Or may program a satellite alarm center at 50 nsf.
Staff Lockers (GP)	LR002	9.29	100	Minimum. Add 6.5 nsf per locker for each FTE > 10 projected for Emergency Services & Ambulance/Transportation Service. Divide space equally for male and female locker room.
Staff Shower	TLTS1	5.57	60	Program one for each male and female staff locker room.
Staff Lounge (GP)	SL001	13.01	140	Minimum. Add 5 nsf per FTE > 10 on duty during peak shift. See Section 6.1.
Staff Toilets (GP)	TLTU1	5.57	60	Program one for each increment of 15 staff on peak shift.
CLINIC SUPPORT AREAS: (Functions common to ALL levels of emergency care unless otherwise noted)				
Clean Utility/Supply Room (GP)	UCCL1	11.15	120	For up to 15 exam/treatment rooms.
		13.94	150	If 16-30 exam/treatment rooms.
		16.72	180	If >30 exam/treatment rooms.
Soiled Utility (GP)	USCL1	8.36	90	For up to 15 exam/treatment rooms.
		11.15	120	If 16-30 exam/treatment rooms.
		13.94	150	If > 30 exam/treatment rooms.
Satellite Lab (GP)	LBSP1	5.57	60	One per clinic if in clinic concept of operations.
Mobile X-ray Alcove	XRM01	3.72	40	Per dedicated mobile x-ray cart
Crash Cart Storage Area	RCA01	3.72	40	Per dedicated resuscitation cart.
Medical Gas Storage	SRGC2	1.86	20	Per segregated full and empty storage area, if required.
Ice Machine	ICE01	1.86	20	One per department.

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FUNCTION	Room Code	AUTHORIZED m^2	AUTHORIZED nsf	PLANNING RANGE/COMMENTS
Additional Functions Required for **Levels I & II** Emergency Care/Full-Scale **Definitive Emergency Management**				
Trauma/Cardiac Room	TRET3	37.16	400	One Bed. For one trauma/cardiac bed.
	TRET1	65.03	700	Two Bed trauma/cardiac room. Program one trauma/cardiac bed space for every increment or fraction of 20,000 projected annual visits. Program a second trauma/cardiac room for every increment of 2 trauma/cardiac bed spaces, up to a maximum of 3 separate rooms (6 beds total).
OB/GYN Exam	EXRG8	11.15	120	One per department. Decrease total number of regular exam rooms 1-for-1 for each special exam room programmed.
Dedicated OB/GYN Patient Toilet (GP)	TLTU1	5.57	60	Program one for each two OB/GYN exam rooms.
Pediatric Exam	EXRP1	11.15	120	One per department. Decrease total number of regular exam rooms 1-for-1 for each special exam room programmed.
ENT Exam	EXEN1	11.15	120	One per department. Decrease total number of regular exam rooms 1-for-1 for each special exam room programmed.
Orthopedic Treatment Area	TROR1	16.26	175	One per department.
Secured Holding Room	OPMH4	11.15	120	One per department.
Walk-In Patient Reception/Control (GP)	RECP1	22.30	240	For Level I facility. Program one per Emergency Department.
Ambulance Reception/Team Center	NSTA1	18.58	200	One per department.
Security Control Area	COM03	11.15	120	One per department if FTE security personnel assigned.
Litter/wheelchair storage	SRLW1	9.29	100	One per dept, can split 20 nsf near patient entrance
Supplies/Equipment Storage	SRS01	18.58	200	One per department
Decontamination Suite (GP)	NBCD1	44.59	480	One per department
Additional Functions Required for **Level III** Emergency Care/24-Hour **Initial Emergency Management**				
Emergency Care Room (GP)	TRET4	32.52	350	For first emergency care bed.
	TRET5	57.60	620	For second curtained emergency care bed space in Emergency Care Room. Program one emergency care bed space for every increment or fraction of *30,000* projected annual visits. Program a separate Emergency Care Room for every increment of two emergency care spaces required, up to a maximum of two separate rooms (4 beds total).
Ambulance Reception/ Team Center	NSTA1	13.94	150	One per department.

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Litter/wheelchair storage	SRLW1	5.57	60	One per dept, can split 20 nsf near patient entrance
Supplies/Equipment Storage	SRS01	9.29	100	One per department
Decontamination Shower Room (GP)	NBCD2	11.15	120	One per department
Additional Functions Required for **Level IV** Emergency Care/Limited **Initial Emergency Management/Acute Care**				
Emergency Care Room	TRET4	32.52	350	One per department (1 bed).
Walk-In Patient Reception/Control (GP)	RECP1	11.15	120	One per department.
Ambulance Reception/Team Center	NSTA1	13.01	140	One per department (if ambulance service authorized).
Litter/wheelchair storage	SRLW1	3.72	40	One per dept, can split 20 nsf near patient entrance
Supplies/Equipment Storage	SRS01	9.29	100	One per department
Decontamination Shower Room (GP)	NBCD2	11.15	120	One per department
Functions Required for Ambulance Service				
Ambulance Dispatch	COM02	9.29	100	Consider consolidating with Security/Communications Center.
Emergency Response Kits/Supply Storage	SRSE1	1.39	15	Per ambulance assigned.
Flammable/Hazardous Mat. Storage.	SRHM1	0.93	10	Minimum for flammable storage locker, plus 2 nsf per each additional operational ambulance assigned.
Mass Casualty Storage	SRS01	11.15	120	Can be increased based on Mission/Concept of Operations
Med Gas	SRGC2	1.86	20	Minimum, can be combined with main ER
Ambulance Shelter	AMB01	46.45	500*	For first ambulance. Add 400 gsf for each additional ambulance assigned.
Ambulance Garage	AMB02	50.17	540*	For first ambulance. Add 420 gsf for each additional ambulance assigned.

* Allowance is programmed as gross square feet (gsf).

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Functions which are required for Residency Education in Emergency Medicine:

RESIDENCY STAFF AND ADMINISTRATIVE AREAS				
Director of Residency Program (GP)	OFA01	11.15	120	Standard Furniture One per director of a Residency Program.
	OFA02			System Furniture One per director of a Residency Program.
Secretary to Director with visitor waiting.	SEC01	11.15	120	One per Director of a Residency Program, if there is a projected FTE secretary position.
Residency Coordinator	OFA01	11.15	120	One per projected FTE.
Residency Research Technician Cubicle	OFA03	5.57	60	Per projected FTE.
Resident's Cubicle	OFA03	5.57	60	Minimum. 60 nsf per projected resident.
Residency Library	LIBB1	13.01	140	One per Residency Program.
Conference Room (GP)	CRA01	23.23	250	Minimum, one per Residency Program. For increased sizing see Section 2.1.
Rotating Resident's Cubicle	OFA03	5.57	60	One office for each of the maximum number of residents (all types) at any one time, who see patients in the clinic.
Resident's Examination Room (GP)	EXRG1	11.15	120	Army. One examination room for each of the maximum number of residents (all types) at any one time, who see patients in the clinic. Minus the two monitored exam rooms
	EXRG2			Navy
	EXRG3			Air Force
Monitored Exam Rooms - subject & observer rooms. (GP)	EXRG1	11.15	120	Army - Provide two exam rooms per residency program, and one COM03. These rooms use cameras and videotapes.
	EXRG2			Navy
	EXRG3			Air Force
	COM03	5.57	60	One room can support two rooms exam rooms
Preceptor/Consult Rooms	OFDC1	11.15	120	One per eight staff physicians per concept of operations.